

**MINUTES OF THE
JOINT SUBCOMMITTEE ON HUMAN SERVICES/CIPS
OF THE SENATE COMMITTEE ON FINANCE
AND THE ASSEMBLY COMMITTEE ON WAYS AND MEANS**

**Seventy-sixth Session
February 11, 2011**

The Joint Subcommittee on Human Services/CIPS of the Senate Committee on Finance and the Assembly Committee on Ways and Means was called to order by Chair Sheila Leslie at 8:07 a.m. on Friday, February 11, 2011, in Room 3137 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4401, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Sheila Leslie, Chair
Senator Steven A. Horsford
Senator Barbara K. Cegavske

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblywoman April Mastroluca, Chair
Assemblywoman Debbie Smith, Vice Chair
Assemblyman David P. Bobzien
Assemblyman Pete Goicoechea
Assemblyman Crescent Hardy
Assemblyman Joseph M. Hogan

SUBCOMMITTEE MEMBERS ABSENT:

Assemblywoman Maggie Carlton (Excused)

STAFF MEMBERS PRESENT:

Rick Combs, Assembly Fiscal Analyst
Joi Davis, Senior Program Analyst
Mark Krmpotic, Senate Fiscal Analyst
Marian Williams, Committee Secretary

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OTHERS PRESENT:

Mike Torvinen, Deputy Director, Fiscal Services, Department of Health and Human Services
Mary Liveratti, Deputy Director, Programs, Department of Health and Human Services
Marilyn G. Wills, Interim Director, Governor's Office of Consumer Health Assistance
Lynn O'Mara, Project Manager, Office of Health Information Technology, Department of Health and Human Services
Misty Vaughn Allen, State Suicide Prevention Coordinator, Office of Suicide Prevention, Department of Health and Human Services
Michael J. Willden, Director, Department of Health and Human Services
Betty Weiser, Grants Management Unit, Director's Office, Department of Health and Human Services
Ingrid Briggs, Family to Family Connection
Janet Jarchow, Family to Family Connection
Carolyn Wheeler, Board President, Family to Family Connection, Infant Support District #13
Tracy White
Yvonne Salas
Nikki Ernst
Laurie Olson, Chief, Grants Management Unit, Director's Office, Department of Health and Human Services
Robert Hadfield, Nevada Association of Counties
Bill Welch, President and CEO, Nevada Hospital Association
Alex Ortiz, University Medical Center, Clark County
Diane R. Crow, J.D., State Public Defender, Office of the State Public Defender
Sherry L. Rupert, Executive Director, Nevada Indian Commission
Linda Massena-Noel, Counselor, Family to Family Connection
Brianna Rukavina, Clayre Foundation

CHAIR LESLIE:

Today we will review the Department of Health and Human Services' (DHSS) budget.

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MIKE TORVINEN (Deputy Director, Fiscal Services, Department of Health and Human Services):

Today we are presenting the administrative budgets that are managed in the Director's Office. There are some programs in the budgets as well, but from a general standpoint these budgets are very simple.

CHAIR LESLIE:

We will begin with budget account (B/A) 101-1003, the Governor's Office of Consumer Health Assistance.

ELECTED OFFICIALS

Governor's Office of Consumer Health Assistance — Budget Page ELECTED-14
(Volume I)

Budget Account 101-1003

MR. TORVINEN:

We have prepared a presentation of the DHHS Budget Support Documents ([Exhibit C](#)).

The chart on page 2 of [Exhibit C](#) represents the total revenues over the biennium for the DHSS, over \$6 billion. The Director's Office represents about \$118 million of that revenue. The chart on page 3 represents the General Fund portion of each division budget. As you can see, the Director's Office is a fairly small portion of the Department, with just under \$7 million. On page 4, you can see these numbers in a table format, as shown in the charts on pages 2 and 3.

Page 5 begins the section on the Governor's Office of Consumer Health Assistance (GOVCHA). The mission of this office is to allow all Nevadans access to information they need regarding health-care services. The Office provides assistance to people who are experiencing trouble getting the services related to their health care. It has been proposed that this Office be moved from the Governor's Office to the Director's Office of DHHS.

Decision Unit E-250 of B/A 101-1003 is a recommendation to use General Fund

money to contract with a medical expert to allow the Director access to medical advice. There are times when the Director needs this advice to assist consumers in solving their problems. This is not something new. It has been funded in the past and this is a restoration of funding that was cut during the last biennium.

E-250 Economic Working Environment — Page ELECTED-16

CHAIR LESLIE:

In *Nevada Revised Statutes* (NRS) 223.550, it states that the Director of GOVCHA must be "a physician, a registered nurse, an advanced practitioner of nursing or a physician's assistant," and yet the current Director is none of those things. I understood that this budget line item of \$3,000 was to fill in that medical component that the current Director does not have, but the way you have explained it, that is not correct?

MARY LIVERATTI (Deputy Director, Programs, Department of Health and Human Services):

The Director's Office has had, historically, a contract with outside services to provide medical advice, even when the current Director did meet the job description provided in NRS. The contract provided additional medical advisors who provided expertise when reviewing cases. It is not used very often, maybe once a month, but it is a line item that was removed during budget reductions. We would like to add it back into the budget. Currently, we are using outside medical advisors for cases that need medical review by a practitioner.

CHAIR LESLIE:

Please explain why the current Director's qualifications do not comply with the statute.

MS. LIVERATTI:

This budget line item was eliminated before our current Director was hired. She does not meet the qualifications. We have a Bill Draft Request (BDR) that requests the transfer of the GOVCHA from the Governor's Office to the Director of DHHS.

BILL DRAFT REQUEST 1157: Transfers the Office for Consumer Health Assistance from the Office of the Governor to the Department of Health and Human Services and includes the Office of Minority Health in the Office for Consumer Health Assistance.

MS. LIVERATTI:

This BDR will also change the job qualification requirements of the Director and it will allow the Director of DHHS to appoint the person, rather than an appointment by the Governor. We are proposing to broaden the scope of the job. The current NRS states that we must have "a physician, a registered nurse, an advanced practitioner of nursing or a physician's assistant." We have never had a physician, because a doctor will not work for the salary of the current position. This is why we are expanding it.

One of the main functions of this Office is to help people with health insurance. Someone who has experience with health insurance and providing access to care would be a better candidate. We need someone with management experience, not only for the Office, but also for the various funding streams that we must maximize in order to provide services to the public.

CHAIR LESLIE:

The policy committees can take up that proposed BDR. I feel it should be addressed, as I do not like that we have been ignoring the NRS since this Director was appointed last May. We will move on to decision unit E-251.

E-251 Economic Working Environment — Page ELECTED-16

MR. TORVINEN:

Decision unit E-251 continues grant funding provided by the federal government to help people navigate the provisions of the Patient Protection and Affordable Care Act of 2010 (ACA). This grant is a continuation and is recorded during both fiscal years of the biennium. It funds 2.5 full-time equivalent (FTE) positions, 1 FTE administrative assistant, 1 FTE ombudsman and a 0.5 FTE ombudsman.

CHAIR LESLIE:

How long will that grant be continued?

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MR. TORVINEN:

The grant goes through the biennium.

MS. LIVERATTI:

The current grant lasts for one year. However, this grant is renewable each year and is now under the Health Insurance Exchange grant.

CHAIR LESLIE:

Will we get that grant money?

MS. LIVERATTI:

It is very similar to our Statewide Health Insurance Assistance Program (SHIP) grant, which is under the Aging and Disability Services Division. Though it is a one-year grant, we have had it for nearly 20 years.

CHAIR LESLIE:

Have the two positions, and the contract positions authorized by the Interim Finance Committee (IFC), been filled?

MARILYN G. WILLS (Interim Director, Governor's Office of Consumer Health Assistance):

We are doing interviews this week and next week for the two positions. We also have a supplemental grant that came in after the initial grant, which is before IFC right now. This grant will provide an additional 0.5 FTE ombudsman.

CHAIR LESLIE:

Are additional grants available through ACA that we could access in order to help GOVCHA?

MS. WILLS:

The federal government has told us that they are embedding the consumer assistance portion into the bigger health reform grants available to each state. Thus, we can do our own design and grow our own program the way it best suits Nevada. We are ahead of most states, because we established this program in 1999. The federal government is finding that many states do not have this in place and must start from the ground up.

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CHAIR LESLIE:

Is part of this effort data collection? How are we positioned to handle that?

MS. WILLS:

Nevada is not in a good position right now because our data system is a Microsoft Access program that does not interface with the federal government reporting tools. That is one reason we are glad to move to DHHS, where we will be integrated into their larger data system. This move will provide us the access we need.

CHAIR LESLIE:

Is there money in the budget to help with that data collection or is that through the grant?

MS. WILLS:

We requested some money in our grant application for software to facilitate data collection.

CHAIR LESLIE:

Is that the grant which has not yet been approved?

MS. WILLS:

No, that is the current grant.

CHAIR LESLIE:

Part of this program is to expand services to northern and rural areas. Is there money in the grant for this? How are we going to reach our targeted populations?

MS. WILLS:

We are excited about how we are going to expand to rural and northern Nevada. We are partnering with established and trusted organizations such as SHIP, Access to Healthcare Network, one of the Aging and Disability Resource Centers and Salud en Acción, a volunteer Hispanic health outreach program in southern Nevada. We are going to have activities in both the north and south, along with rural Nevada. We have designed the first leg of our rural tour,

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March 1-3, 2011 in Beatty, Tonopah and Overton. We are also placing the extra 0.5 FTE ombudsman in Elko, which will most likely be in the Senior Center.

CHAIR LESLIE:

My research on this merger shows that the number of FTE positions will increase over the next biennium to 11.5, while GOVCHA only has 8.5 FTE positions in the current biennium. Why is there a difference?

MR. TORVINEN:

Part of the difference is the grant. The Base Budget for this office contains 7 FTE positions. Decision unit E-251 adds 2.5 FTE positions, and E-750, which restores the workers' compensation ombudsmen, adds another position. That should get us to 10.5 FTE positions.

E-750 Budget Restorations — Page ELECTED-19

CHAIR LESLIE:

Where are the efficiencies in this merger?

MS. LIVERATTI:

We will deliver better customer service. We will provide more support to the Office than they have had in the past. We are also working toward less reliance on General Fund money by maximizing other funding streams. That is an efficiency we have already seen.

MS. WILLS:

The connection and interface with many of the DHHS programs will be an exceptional benefit. We deal with Medicaid and welfare very often, and we are looking forward to merging our access to those programs and doing our work at a higher level.

CHAIR LESLIE:

I can see the coordination aspect will be a great efficiency. Who will these people report to following the merger? How will that work operationally?

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MS. LIVERATTI:

The Director of GOVCHA, whose title will change with our BDR, will report directly to me. The other members of that Office will then report to the newly created director. So it will be a one-stop shop for consumer health information. That is why we will also be combining the Office of Minority Affairs and our Nevada 2-1-1 program.

CHAIR LESLIE:

We will now discuss decision unit E-692.

E-692 Budget Reductions — Page ELECTED-18

MR. TORVINEN:

Decision unit E-692 is a recommendation to reduce funding for operating information systems and training. It is part of the overall cuts that we are required to make. There is concern about how the Office will function with very old computers. In the meantime, we might be able to provide staff with some surplus computers in the Director's office. Also, the Office of Minority Health will be bringing with it some equipment, which will be allocable through the grant.

Decision unit E-710 allows us to buy new virus software, and E-750 recommends that we restore the funding from the Nevada Department of Business and Industry's Division of Industrial Relations to fund the workers' compensation ombudsman.

E-710 Equipment Replacement — Page ELECTED-18

E-750 Budget Restorations — Page ELECTED-19

CHAIR LESLIE:

Are we adding a new ombudsman position?

MR. TORVINEN:

Yes, strictly related to workers' compensation. It is being funded through a transfer from the Division of Industrial Relations.

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CHAIR LESLIE:

It does not make sense that we have two ombudsmen doing workers' compensation, when your 2010 Annual report indicates that area represents only 13 percent of your work.

MS. WILLS:

We have two specialists who deal with hospital patients. They are generalists and both work with the nonsenior population. We do not separate our work by seniors or nonseniors when the activity comes to our office. I will discuss our essential service model in greater detail later. We will be changing our strategy of who we help and our priorities.

CHAIR MASTROLUCA:

The NRS states that there must be two people with experience in workers' compensation on staff, which goes back to when we had the State Industrial Insurance System (SIIS). The GOVCHA grew out of that old system. Is there a need to have two people, with that kind of experience and knowledge, when only 13 percent of the cases that you handle are with injured workers?

MS. WILLS:

Our workers' compensation specialist position was eliminated in 2008. As part of the settlement between United Healthcare and the Attorney General, we were given a gift that allowed us to educate small businesses on workers' compensation, including how to engage employees and the benefits it offers. That gift allowed us to provide workers' compensation advocacy, but we could, and should, be doing a great deal more with workers' compensation. We have not been doing that work because of the lack of staffing. There are a lot of small businesses who would benefit from the advocacy, as well as a lot of injured workers who could get help through the process. The contact information for our Office is included in the list of documents employees are given when they are injured. That way, if they have problems with their claims, they can call us and we can walk them through the process. We believe it is important to reinstate the workers' compensation ombudsman so that we can engage in the activity that is mandated by NRS.

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CHAIR LESLIE:

Regarding the ombudsman position, you list some of them as quality assurance specialists on your organizational chart. That title is under the classified service for the State, yet these positions are unclassified. Are you planning on changing the classification, and what are your thoughts on that?

MS. LIVERATTI:

They are officially ombudsmen. We sometimes call them quality assurance specialists, but that is not their correct title. We are, however, considering keeping them in the unclassified service. We have not made a decision to change that classification.

CHAIR LESLIE:

Why would they be unclassified?

MS. LIVERATTI:

They were unclassified in the beginning because they were part of the Governor's budget. We would need to do an analysis to see if we really wanted to change them over to classified service.

CHAIR LESLIE:

I have no problem moving these employees out of the Governor's Office. Placing GOVCHA in the same office as other health functions makes sense. We should be sensitive, however, to treating State employees with equity and I would like to hear a good argument why we should not change these positions over into the classified system. I would encourage you to look at that option sooner rather than later.

MS. WILLS:

Per NRS 223.575, subsection 2, paragraph (b), the ombudsmen are established as employees of the Bureau of Hospital Patients in unclassified service to the State. That was the original way it was structured. We are open to looking at it differently.

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CHAIR LESLIE:

I understand that, but as long as we have a BDR to change everything else, we should look at the reclassification as well. What about the long-term funding of this office? The grants will eventually go away. Is there a long-term plan?

MR. TORVINEN:

There is nothing formal in place at this point. Like all grants, if they go away the funding for those positions goes away and those positions, along with their activities, go away. At this point, we are just focused on getting things organized and operating in a good manner.

CHAIR LESLIE:

Everyone wants federal money, but once the grant goes away, we are stuck. I know this is a way to get money into the system and there are issues with injured workers. But we do need a long-range plan, because this is an essential consumer program that we need. Please explain why Nevada 2-1-1 is being merged here. Can you convince me that this is the correct place to put it?

MS. LIVERATTI:

Nevada 2-1-1 deals with DHHS information referral. We would like to combine our consumer health assistance into one place. Nevada 2-1-1 is an easy-to-remember number, rather than trying to remember the 1-800 number for GOVCHA. It will be easier to have Nevada 2-1-1 as the portal for all health information. Also, when we look at the type of calls we are getting, information about health care and medical assistance is the fourth most requested service.

CHAIR LESLIE:

What are the number one, two and three most-requested services?

MS. LIVERATTI:

Last year, the number one most-requested service was rental assistance. Number two was food stamps. The GOVCHA also gets quite a few questions similar to Nevada 2-1-1, because when people have these types of health problems, they also have all these other needs. The GOVCHA is providing quite a bit of information referral as well. The chart on page 22 of [Exhibit C](#) shows the number of the inquiries that we are receiving. When medical care is a problem, consumers have other issues as well. That is why we think the merger

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will provide a good addition. It will be one place where consumers can go to get all the information they need. We are just trying to consolidate.

CHAIR LESLIE:

I can see the logic there, but you did not convince me. We will talk about the funding in the next budget account.

SENATOR HORSFORD:

To your question on the long-term planning and sustainability, can we request that GOVCHA include in their performance indicators a strategic plan for the sustainability of the program in the long term? We must have a plan. We cannot simply hope that the funding will be there in the future. I understand that we are focused on the transition now, but I would like to see this planning in the long term.

CHAIR LESLIE:

Including some type of performance assessment is an excellent idea, because it will help us avoid losing track of the long term. We do not want to see these programs disappear. While they are great programs, when money is tight, things must be cut. Senator Horsford is saying that we need to make sure this is around for the long term. Is that possible?

MR. TORVINEN:

Yes. Throughout the process of discussing whether Nevada 2-1-1 should be moved to the Director's Office, much of the discussion has centered around making the program all that it can be and doing as much as we possibly could with the Office. I mischaracterized the fact that we do not have a formal plan, but the discussion and the intent is to make this Office as effective as possible.

CHAIR LESLIE:

Let us move to B/A 101-3150, the Administration account.

HUMAN SERVICES

HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE

HHS-DO – Administration — Budget Page DHHS DIRECTOR-1 (Volume II)

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Budget Account 101-3150

MR. TORVINEN:

This is the administrative budget account that houses all staff, including the directors, deputy directors, supporting fiscal and administrative staff, along with the Office of Suicide Prevention's staff. The first decision unit I will discuss is E-275.

E-275 Best Use of Technology — Page DHHS DIRECTOR-4

MR. TORVINEN:

In decision unit E-275, we are recording the Health Information Technology (HIT) grant, which is part of the federal Health Information Exchange (HIE) grant. This decision unit records the expected current grant award. The five-year summary on page 43 of [Exhibit C](#) lays out the function of the grant. This does not match exactly to the *Executive Budget*, because the federal government keeps requesting changes. But it is very close, and it provides a good characterization of where the money is being spent, along with how much we will receive. A portion of this funding is intended to come from gifts, grants and donations. This is part of the matching process for the grant. We are not sure where this funding will come from.

CHAIR LESLIE:

Where has it come from in the past?

MR. TORVINEN:

I am not sure. We received a small amount of money in fiscal year (FY) 2010-2011.

CHAIR LESLIE:

It is a required match, so we cannot be too blasé about it.

LYNN O'MARA (Project Manager, Office of Health Information Technology,
Department of Health and Human Services):

Under the requirements of the Health Information Technology for Economic and

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Clinical Health Act, we are allowed to use revenues generated from an HIE grant, as well as in-kind contributions from the private sector, as matching dollars. We have been encouraged in this activity to maintain a very strong public-private partnership. The federal government is looking for the match to come from the private sector as the way of supporting this. As we go into the implementation and operation of the HIE, we expect that the majority of the match will be generated by the revenue that will be generated. We are allowed to claim that revenue as a match under federal guidelines.

CHAIR LESLIE:

Why would the private sector make a donation to this program?

MS. O'MARA:

There are a lot of stakeholders in the private sector because they are required to adopt electronic health records. In order for these records to communicate with one another, the private sector needs HIE. Therefore, they have a vested interest. Furthermore, they are required to be on the governing entity that will oversee the operation of HIE.

CHAIR LESLIE:

Can you use money that the private sector must spend in order to get ready for HIE as part of this match? How are you going to document these in-kind and match donations? Are you set up to document that?

MS. O'MARA:

Yes, we are.

MR. TORVINEN:

The next decision units are E-325 and E-900.

E-325 Deliver Public Services Directly and Efficiently — Page DHHS
DIRECTOR-4

E-900 Trans 211 from Admin to Consumer Health Assistance — Page DHHS
DIRECTOR-8

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MR. TORVINEN:

Decision unit E-325 adds some money to Nevada 2-1-1, bringing the total transfer to \$31,000. As you see on page 8 of [Exhibit C](#), we are talking about a \$100,000 cut to Nevada 2-1-1. It is difficult to see in the decision units because we are cutting FY 2010-2011, not FY 2009-2010, thus you must start from the Base Budget. We are essentially cutting about \$100,000 from the Nevada 2-1-1 funding in this budget and transferring what is left to the GOVCHA budget.

CHAIR LESLIE:

What is the effect of cutting that \$100,000?

MS. LIVERATTI:

On page 33 of [Exhibit C](#) there is some historical information about Nevada 2-1-1 and our actual, not projected, funding sources for FY 2010-2011. For FY 2011-2012 and FY 2012-2013, we do have money going forward. In FY 2012-2013 it looks a little lean because the grants that we have to submit, such as for the tobacco dollars and Title XX grants, are rather competitive. We are looking at other funding sources. In FY 2010-2011 we had two one-time grants, so our ongoing support is only about \$649,000. When we look at FY 2012-2013, we see that we are projecting approximately \$519,000 in funding because we are short about \$130,000 going into that fiscal year. We are considering other sources of funding. The United Way is also looking at what they might be able to contribute.

CHAIR LESLIE:

Is the United Way money you have projected firm funding, or are you just hoping that you will receive it?

MS. LIVERATTI:

I have spoken to the United Way and they said we will receive the funding. The National United Way has promoted Nevada 2-1-1 throughout the Country and they have a very firm commitment to this project.

CHAIR LESLIE:

I know that the Casey Family Programs Foundation has also helped in the past. Is there any hope they will be able to help again?

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MS. LIVERATTI:

The Casey Foundation runs on the calendar year, so we just started a new one in January. We had hoped to get \$250,000 from the Casey Foundation for calendar year 2011, but we have been informed that we will only receive about \$200,000. We use that money to support many programs under our Department of Child and Family Services (DCFS). It also supports our differential response (DR) program. If we do get any money for FY 2011-2012, or FY 2012-2013, it would not be an increase in funds. We only received \$30,000 in calendar year 2010 and I would not expect any more than \$30,000 from the Casey Foundation going forward.

CHAIR LESLIE:

It is difficult to run State programs on foundation support. They do not want to be in the position of funding ongoing State services.

SENATOR HORSFORD:

Have you looked at revenue models used by other states to fund Nevada 2-1-1?

MS. LIVERATTI:

Yes, we have looked at other revenue models. In many states, cities, counties and other local governments donate funds. In Nevada, our local governments are tight on funds and that is not a viable option. We are hoping that our 2-1-1 texting program will generate a revenue stream. We are the only 2-1-1 program in the Nation that is looking at texting which will enable people to send text messages in order to get information. We bought the rights for texting 2-1-1, so we can sell it to 2-1-1 programs in other states who might be interested in using it. We are hoping that will generate revenue, but we do not know how much it will actually generate. We are considering other options all the time. There is a 2-1-1 work group across the Nation which we use for both operational and funding concerns in order to get new ideas.

SENATOR HORSFORD:

Could you highlight some of those sources in other states? There are several states that have dedicated revenue streams to 2-1-1, whether it is from their telecommunication companies or their broadband companies, they have direct allocations that go to fund this. We should investigate these options as a sustainability issue for the long term. We cannot expect that it will be okay for

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people to be unable to contact government. We need to ensure that someone answers the phone when people call. Please bring a plan back to the Committee and provide us with an opportunity to review those recommendations.

CHAIR LESLIE:

That would be a great idea for the Work Session. Please identify some options for us. When we began the Nevada 2-1-1 program several years ago, we entertained the option of including the phone companies in the revenue stream, but they were not interested. We are now at a new point and it bears looking into once again.

SENATOR CEGAVSKE:

Are the phone companies currently contributing at all?

MS. LIVERATTI:

No. Chair Leslie is correct; five years ago we did look at a small surcharge on the telephone companies. They were absolutely against it.

SENATOR CEGAVSKE:

I was not thinking about charging the phone companies, but do they make contributions?

MS. LIVERATTI:

No, we have not received any donations.

SENATOR CEGAVSKE:

Private phone companies often make large contributions. Perhaps we could get them to direct their contributions to Nevada 2-1-1. Have any of the phone companies helped with the advertising of Nevada 2-1-1?

MS. LIVERATTI:

We have had trouble with some phone companies even putting Nevada 2-1-1 on their system. We have worked for five years and are now just bringing Verizon onto the system. Before this, you could not access Nevada 2-1-1 if you had a Verizon phone.

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SENATOR CEGAVSKE:

Could you provide us a list of the phone companies that are being helpful?
Please identify who is on the system.

MS. LIVERATTI:

Yes.

SENATOR CEGAVSKE:

On page 36 of [Exhibit C](#) is a list of referral agencies. Are there more agencies to which you make referrals?

MS. LIVERATTI:

It lists the top 20 organizations where referrals are directed.

SENATOR CEGAVSKE:

Do you have others?

MS. LIVERATTI:

Yes. If you look on page 35, we have 1,651 agencies listed in our database, along with 4,867 programs and 7,713 different services.

SENATOR CEGAVSKE:

I would like a list of all the agencies, programs and services to which you make referrals. Senator Horsford and I have discussed the faith-based programs, of which I see two here. I want to ensure an organization like the Society of Saint Stephen, which runs a food pantry and provides rental and utility assistance, is listed in the Nevada 2-1-1 directory. We just want to be sure all the programs in the community are utilized.

ASSEMBLYWOMAN SMITH:

Is there a way to coordinate databases, such as the ones used by family resource centers (FRCs)? I know that the databases are expensive to maintain. I also would like to make sure that we keep in mind the difference between a referral service and an organization, such as GOVCHA, that does the work. We need to keep those distinctions in mind as we move forward with these possible consolidations.

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CHAIR LESLIE:

I agree. I see that we may be making an empty referral, because at the end of the month a charitable agency or governmental department might run out of money, which is very frustrating. I also agree with Senator Horsford, we must find a sustainable funding source so you do not need to keep begging for funding. Let us move onto the next decision unit, E-326.

E-326 Deliver Public Services Directly and Efficiently — Page DHHS
DIRECTOR-5

MR. TORVINEN:

Decision Unit E-326 is a small request to restore some travel and training money to allow attendance at national conventions for human service agencies. None of it is mandatory, but it is nice to spend some time with your peers and learn from their issues and problems.

CHAIR LESLIE:

We have this in several budget accounts today. The amount of training the State has canceled in the last few years is ridiculous. If we cannot keep up with the field, we are going to provide worse service. However, at a time when we are having to cut essential services, it is hard for us to approve training and travel money. Are any of these mandated or critical to service delivery versus simply nice to have? Is there any way to prioritize?

MR. TORVINEN:

In this budget, I do not think any of these are mandatory. In the Grants Management Unit budget, there will be some that are required, but not here.

CHAIR LESLIE:

We can talk about the Grants Management Unit budget later. We need to be able to distinguish in all of these accounts, between things that are mandated and grant funded versus things that we would like to have.

MR. TORVINEN:

I fully understand. The next decision unit is E-691.

E-691 Budget Reductions — Page DHHS DIRECTOR-7

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This decision unit provides the suicide prevention trainer with 100 percent grant funding as opposed to General Fund appropriation. In the past this has not been done. We believe that the trainer's activities are fully allocable to the grant, and we also believe that it will not diminish the Office's efforts or abilities to meet its performance goals.

CHAIR LESLIE:

Are we taking \$100,000 from the Youth Suicide Prevention grant? Does this person only work on youth suicide? Is it true that Nevada has the highest rate of suicide by senior citizens in the country? How will this work?

MISTY VAUGHN ALLEN (State Suicide Prevention Coordinator, Office of Suicide Prevention, Department of Health and Human Services):

Although it is a life-span suicide prevention plan, the suicide prevention trainer will now be more focused on training youth-focused populations. We will try to train as many people as we can, because you cannot deny that everyone influences youth suicide risk.

CHAIR LESLIE:

What activities will be eliminated with this switch in funding?

MS. ALLEN:

We will not see a diminished level of activities, because we will still be training anyone who will let us. However, workforce development is one of our biggest struggles. The trainer's focus will be on youth workforce development, such as clinicians, mental health professionals, school personnel and staff in contact with youth.

CHAIR LESLIE:

Those budgets are being cut as well, so I do not know how realistic that is. I understand why you are making this change, but I do not like it.

MR. TORVINEN:

We will be within the parameters of the grant. The activities are 100 percent allocable to that grant and, therefore, chargeable to the grant. The activities become more global even though we are specifying this as youth suicide grant activities. These programs span the spectrum and we will not see a diminishing

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of the services just because we are funding the program with federal funding rather than General Fund dollars.

CHAIR LESLIE:

When does this grant run out? Is it a renewable grant?

MS. ALLEN:

This grant ends in 2012, but because of a late start, we will have a no-cost extension into 2013. There has been renewal of annual federal funds. Currently, we are working on obtaining youth suicide prevention funding with partners, such as the tribal communities and Truckee Meadows Community College. We are not allowed to compete currently, but will be eligible again in 2012. In the rural communities, we are working with our partners to develop innovative programs, such as our first in the Nation text messaging program. These types of programs are very attractive for federal funding sources.

CHAIR LESLIE:

Is there a lot of federal money out there that we are not currently able to access? Will we be able to access funding with the new Governor's focus on grants?

MS. ALLEN:

A new suicide prevention action alliance was introduced in the fall. I believe that suicide prevention is coming into its peak. The U.S. Department of Health and Human Services' Indian Health Service Division and others are beginning to address this issue. Substance Abuse and Mental Health Services Administration has now connected suicide prevention with substance abuse prevention. It is linked. I think that more federal dollars will be available. Part of our commitment and the change of the trainer position will be to develop those partnerships so we can go after those new funds.

CHAIR LESLIE:

What is our current ranking when it comes to suicide?

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MS. ALLEN:

We are fifth in the Nation, according to 2007 statistics. We are working on an update on trends of suicide rates in Nevada, which should be published in the next few months. As you can see on pages 28 and 29 of [Exhibit C](#), we have maintained our standing under economic stress. I believe our work has been effective in maintaining the status quo, while the national rates have started to trend upward.

CHAIR LESLIE:

I think we have made progress, but we should not take pride in being fifth highest in the Nation.

SENATOR CEGAVSKE:

Are visitors and tourists who come to Nevada to end their lives included in our numbers?

MS. ALLEN:

State numbers do not include out-of-state residents. Over the past two decades, tourists typically account for about 10 percent of our numbers. Our unofficial data for 2010 has shown an increase of out-of-state suicides in Clark County. We are paying attention to those numbers.

SENATOR CEGAVSKE:

Compared to other states, is there a rationale as to why Las Vegas is a suicide destination?

MS. ALLEN:

I do not have information compared to other states on the rates of out-of-state suicide deaths. Much like the Golden Gate Bridge, Las Vegas is a destination for suicide. There are several places around the world that pose as suicide attractions. Suicide rates can be reduced with media, knowledge, not publicizing suicide deaths or by providing accurate and help-seeking information. We are constantly working with media resources to combat those suicide deaths.

SENATOR CEGAVSKE:

So you do not include tourist suicide deaths in our State rate?

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MS. ALLEN:

Correct, but we do pay attention to it.

SENATOR CEGAVSKE:

Are the records published on a yearly basis?

MS. ALLEN:

It is not published on a yearly basis, but we do keep it in our demographic records.

CHAIR LESLIE:

I wish we were in a position to strengthen your budget, because you save lives.

MR. TORVINEN:

I am very comfortable with the allocation to the federal grant. I am very conservative and challenge staff in the Department to ensure that they are documented and doing things correctly.

CHAIR LESLIE:

I do not mean to imply that there is anything wrong with the allocation. My concern is that we will be so focused on youth that other areas will not get the attention they need. I just do not like relying on grant funding, because the grants end. I want to believe that there will be more federal money, but I read what is happening in Congress and how they want to cut hundreds of millions of dollars, and I wonder if that money will still be there.

Let us move on to B/A 101-3195, the Grants Management Unit. Also, we will take up Family to Family Connection (F2F).

HHS-DO – Grants Management Unit — Budget Page DHHS DIRECTOR-16
(Volume II)
Budget Account 101-3195

MR. TORVINEN:

In B/A 101-3195, the F2F program is in decision unit E-661, as seen on page 11 ([Exhibit C](#)).

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E-661 Program Reductions/Reductions to Services — Page DHHS DIRECTOR-21

MR. TORVINEN:

We will be eliminating the funding for the F2F program, but not the program itself. The activities will be funded through the reallocation of resources elsewhere. This decision unit eliminates about \$750,000 of General Fund money. In FY 2009-2010, F2F was funded with about \$1.2 million. The difference between what we have recommended for elimination and that amount has been reallocated to DR and FRC. It is not a total elimination of the funding, but it is an elimination of funding for the F2F line item. Other funding sources will be helping to fund those activities.

CHAIR LESLIE:

With this reallocation, do you plan to specify money specifically for the F2F activities?

MS. LIVERATTI:

No, the money will not be designated specifically for F2F. When we look at the requirements for FRC, the services listed cover what F2F is currently doing. The FRC provide parenting classes and child development up to the age of five, so they are already providing the services that F2F does as well. So while the funding stream is going away, FRC can decide to identify the most important priorities for their regions.

CHAIR LESLIE:

There will be no guarantee that the programs families are currently using under F2F will be there once this change is put into place. It will be up to FRC to decide if, how and what they want to offer which is somewhat misleading. The FRC could provide these things, but there is no guarantee that they will. There is nothing in place requiring FRC to use it for the same type of programs provided by F2F.

MS. LIVERATTI:

That is correct. On page 45 of [Exhibit C](#), we show information on the F2F program, as well as FRC and DR programs. On page 47 the different programs currently funded are shown.

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CHAIR LESLIE:

Can you tell us the specific activities that F2F has offered in the past?

MS. LIVERATTI:

The F2F program provides information to parents, parenting classes, and support to parents with young children such as infants and toddlers. They offer many classes that often take place at FRC.

CHAIR LESLIE:

Why did you decide to eliminate F2F?

MS. LIVERATTI:

We have taken reductions in many areas over the last few years. We had to decide whether to make cuts across the board, potentially disabling our programs and their functionality, or to get rid of a program completely. Instead of having a dedicated funding stream, we decided to turn the management of these types of activities over to FRC. We could have cut funding for DR, the FRC and F2F, but we did not think that was the best idea.

CHAIR LESLIE:

Instead, you decided to eliminate F2F and hope that those activities would be picked up by giving more money to the FRC. What was the thinking of splitting the money between the FRC and DR? Will the DR program focus on early childhood activities?

MS. LIVERATTI:

No. The DR program works with our child protective services (CPS) programs. It started as a pilot several years ago. When a referral comes into CPS, if it does not meet a certain set of criteria for an investigation, it is referred to FRC, who have the DR programs. Social workers who work with DR will then go to the home and do a family assessment. Many times, the families in these cases have problems with educational and medical neglect, and they simply need help getting into certain social service programs. The DR program has been very successful.

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CHAIR LESLIE:

I am worried that DR will not have the same number of resources to which they can refer families.

MICHAEL J. WILLDEN (Director, Department of Health and Human Services):

I do not want to give the impression that there is additional money going toward FRC. We are simply eliminating one of three funding streams, F2F. The funding streams for FRC and DR continue, but not with extra money. We are not taking the \$750,000 that had once gone to F2F and giving it to the FRC. We did not expand the FRC program.

CHAIR LESLIE:

Will the funding for FRC remain flat?

MR. TORVINEN:

In FY 2009-2010, we spent \$1.2 million on the F2F program. We are cutting \$768,750 from this program. The difference between these two numbers is reallocation; about \$200,000 of that went to FRC and approximately \$277,000 went to DR.

CHAIR LESLIE:

That sounds like the opposite of what Mr. Willden just said.

MR. TORVINEN:

From the mechanical standpoint of this decision unit, \$1.2 million is being removed from F2F, \$277,000 is being added to DR, \$194,000 is being added to FRC and \$764,000 is being eliminated from the budget overall.

CHAIR LESLIE:

I am confused.

MR. WILLDEN:

It replaces previously cut funds.

CHAIR LESLIE:

I see.

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MR. WILLDEN:

I do not want to leave the impression that FRC are receiving a windfall.

CHAIR LESLIE:

Thank you for clarifying that. I thought that FRC were getting more money, but we are simply restoring previously cut funds.

CHAIR MASTROLUCA:

I am looking at a list of the F2F programs and I see that four of them stand alone and are not connected to a family resource center. Was any consideration given to these programs? With the others, FRC can pick up the programs, while these four F2F groups will not have a family resource center to pick up the slack. They will be left out. We have had a great deal of success with F2F since it has been in place. It is hard to decide whether we spend the money to help these children through F2F when they are young, or do we spend it when they get older and we need DR? I do not know the answer.

BETTY WEISER (Grants Management Unit, Director's Office, Department of Health and Human Services):

We have two stand-alone programs in Las Vegas. They have worked very closely with the family resource center in their area. They will suffer the most in terms of losing that funding stream as they will not be able to slide services over to FRC. We are hoping that if an agency sees a lot of need in the community they will be able to pick it back up. The other thing that must be made very clear is that if the agency chooses to pick up those services, there may be something else that does not get done.

SENATOR HORSFORD:

This program was the brainchild of former First Lady Sandy Miller. I have spoken to her regarding the original purpose of F2F. The F2F program strengthens families so that we can strengthen our children which creates strong communities and a strong State. As we deliberate on this recommendation, we must remind ourselves of the reasons these programs were established. With respect to the DR programs, what coordination is there among the local municipalities? Is any funding provided by the local governments? As Chair Leslie mentioned, it is an intervention strategy, it is a family preservation strategy to keep children in their homes, rather than

removing them and placing them in care. Outside of the funding provided by the State, what, if any, funding is provided by local government?

MS. WEISER:

Currently, the funding comes primarily from the General Fund and Casey Family programs dollars. However, Washoe County funds the Children's Cabinet which provides three DR physicians. We have not received funding from any of the other agencies. It has been a collaborative effort with the three child welfare agencies and our FRC. When we started the DR program, it was an opportunity to incorporate the FRC and potentially take some of the load off of DCFS, particularly for those families where basic needs are integral in why they are perceived to be neglecting their children. We saw this as an opportunity to build a stronger relationship within the community. Washoe County had some additional funding that they were able to contribute, but I am not sure the rural counties and Clark County have been able to identify similar funding.

SENATOR HORSFORD:

Other than Washoe County, is no local funding directed to DR?

MS. WEISER:

That is correct.

SENATOR HORSFORD:

Are we maintaining a flat level of funding for FRC and DR, which are underfunded to begin with? I would dare anyone to go and visit one of these facilities and tell me that there is fat, or excess, that we could cut. Because there will be no funding for F2F, where will the direct services come from? We have two types of families, the ones that are proactively coming to us and seeking assistance through F2F and those families that are coming to us because there has been a complaint with DR. Where will those families now go to receive services for food, housing, parenting classes and the like?

MS. WEISER:

The FRC are very creative and the concept behind them is that we have created a single portal for families to receive a variety of services. What I believe will be lost is the opportunity to reach as many families as we can. We continue to ask

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our FRC, DR and F2F to do a lot, but there is a certain point that we cannot do more with less.

SENATOR HORSFORD:

Can you provide a list, broken out by who is served and where they are located? We did some mapping throughout the State that showed the majority of the need was based on geographic boundaries. There is a lot of need in rural Nevada. I do not know where families in rural Nevada are going to go with the elimination of these programs. There are huge pockets of need in certain geographic areas of southern Nevada, as well as in Reno. I would like to review that information. I would also like to know where the families you serve come from, and I imagine that there would be some overlap with our maps.

MS. LIVERATTI:

Would you like those numbers broken down by region?

SENATOR HORSFORD:

Yes. Director Willden, do you remember the maps we did for DCFS, as well as the maps for the overlap with some of the other social services? They showed there are certain areas that need this type of support and once we take programs like F2F away, there will be nothing left for those families. I do not know how we grow strong communities and a strong State without supporting our families.

CHAIR LESLIE:

I agree, it would be good to look at that map. I am concerned about some of those rural areas. When I used to work with FRC, the rural programs were truly creative. Now we are going to take away a crucial resource.

SENATOR CEGAVSKE:

In reviewing page 45 of [Exhibit C](#), I see that you have 22 FTE positions and 34 employees. At one time, I believe that you had a consultant, recruiter or outsource specialist on staff. The job of this person was to go into the community to recruit families for these programs. This was a problem, however, because the majority of the people they found did not qualify to use the programs. Is that still being done?

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MS. WEISER:

The staff listed on page 45 of [Exhibit C](#) are only the staff members who are currently paid with F2F funds. I do not have a breakdown of all of the positions. Across the State, F2F mainly employs parent educators and consultants. Our outreach focus has been to targeted areas where there are more at-risk families. Many of the programs in Las Vegas are being used in conjunction with Title I schools to improve the academic achievement of the disadvantaged.

SENATOR CEGAVSKE:

Are those part of the positions that are shown on page 45 of [Exhibit C](#)?

MS. WEISER:

I do not believe that we have recruiters. All of these employees, whether parent educators or lactation educators, are focused on providing services to the families.

SENATOR CEGAVSKE:

Are we not doing what we did in the past?

MS. WEISER:

No.

CHAIR LESLIE:

I would like to hear from some parents in Las Vegas and here in Carson City.

INGRID BRIGGS (Family to Family Connection):

I am an educator in F2F classes and I have also attended F2F classes as a parent. The best part about participating in F2F is the friends I have made. These friendships have lasted over 12 years. I have built a support system through the families I have met at F2F. I have a bachelor's degree in psychology and a master's degree in human development. Even with all my education and work experience, I did not know what to do when I brought my first daughter home from the hospital. Family to Family Connection provided me with a support system and the knowledge I needed to become a confident, competent parent. At F2F I learned about car seat safety, appropriate discipline, making baby food, brain development, children's temperament, sign language, music and movement, age-appropriate crafts and kindergarten readiness skills. I had

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my daughters assessed for developmental delays. When I experienced difficulties with breastfeeding, I consulted a lactation consultant at F2F who helped solve my problems. In addition, my daughters were able to socialize with children their own age in a safe environment. When my marriage fell apart, my friends at F2F helped me. I was given referrals to amazing counselors and attorneys. Thanks to the incredible knowledge base I gained from F2F classes, I was able to face and conquer the challenges of being a single parent. It has been said that it takes a village to raise a child. The F2F program is that village. The F2F program serves a critical purpose. It connects families, educates children and teaches people how to succeed in the world's most important job, being a parent. Please find a way to continue funding this necessary program. It is in everyone's best interest to improve the lives of our youngest children.

JANET JARCHOW (Family to Family Connection):

I am a parent and volunteer at F2F. Where do children from struggling families get a good start? The answer is F2F. All of these children need a healthy and happy family, and F2F is an important asset in raising children today, especially here in Nevada. It takes a village to raise a child. Parents today are challenged with many obstacles when it comes to raising a child. There are no instruction books for raising children, thus parents need help. As society changes, so do the facts about how we raise children. Where do we get up-to-date information? The answer, once again, is F2F. In April 2000, I was on maternity leave with my first daughter and I came to F2F to take the infant development class. When I went back to work, my husband and I continued the classes on our days off and our daughter Abigail was there two to three days a week. We used F2F again during a car seat check-up event when we changed our car seat from rear facing to front facing. Later, we used F2F to pick a preschool and when I was expecting my third child. From learning about sibling jealousy to nap time for both mom and baby, F2F helped me and four other mothers deliver healthy babies during that time. Although my son was premature, the F2F staff helped me learn to breast-feed and care for such a small infant. Today, I am a volunteer at East Valley Family Services, I help out with classes and I continue to learn. I ask you to consider the needs of Nevada's children. Without hesitation, F2F fills one of those needs.

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CAROLYN WHEELER (Board President, Family to Family Connection, Infant Support District #13):

I am here to talk to you about the importance of this program and how detrimental it will be to our community and the future of our State if funding is cut. Our center is one of the F2F programs not supported by our local FRC. The F2F centers across the State impact thousands of families every year. Our center alone served over 5,000 families, and the demand is increasing, especially with cuts in other areas. The F2F program provides critical services to parents upon the birth of their child when they are at their most vulnerable. The centers follow through with classes and resources during a child's key developmental stages, through the age of four. We also offer an extensive bilingual program that reaches out to the Hispanic community to make sure that everyone in the community has access to these services. At F2F, we build strong, resilient families with the skills to help their children learn and grow. In doing so, our program helps to reduce the incidences of child abuse, neglect, drug abuse, juvenile delinquency and the dependence on mental health services. By strengthening the child-parent bond, our families are empowered to take an active role in their children's education for years to come. The F2F program is especially important to Las Vegas residents because of the large influx of people from out of town. Maybe families do not have an extended community of family members and friends to support them during one of the most critical times of their lives, the birth of their child. Without this safety net to fall back on, parents become stressed and the emotional toll can lead to isolation, neglect and abuse.

Although I am here as a Board Member, I am also a former client. When I was struggling as a new parent, my daughter had severe colic and I was suffering from postpartum depression. As a transplant from Los Angeles, I had no family resources around me. Without F2F, I do not know what I would have done. The F2F staff gave me the resources I needed to understand how to work through my daughter's colic and my postpartum depression. I also met other mothers who were going through similar issues, which helped me to understand that I was not alone. Today, I am not alone in supporting F2F.

CHAIR LESLIE:

I would like to ask everyone in Las Vegas who is here to support F2F to please stand. Please note that everyone in the entire room stood up. Carolyn, you

mentioned that your program is not affiliated with a family resource center. What do you think will happen to the activities currently run by F2F? Will they continue through FRC? Have you spoken to them about what their plan is?

MS. WHEELER:

Our family resource center is the Boys and Girls Club and there has been no discussion. If we do not receive the funding, our center will close and those 5,000 families will not receive services in our area. Senator Horsford spoke about the mapping of social services. If you look at the map of calls by CPS in Las Vegas, our zip code of 89146 has the lowest incidences of calls. I attribute that to the F2F program. Having F2F provides a direct correlation in the reduction of child abuse in our service unit.

CHAIR LESLIE:

We are in agreement on this issue. Unfortunately, if this reduction in funding goes through, we will see if we are correct and there is an increased incidence of abuse. I hope that does not happen.

MS. WHEELER:

Are we willing to jeopardize our families? That is a big risk to take.

TRACY WHITE:

For the families who could not attend today, we have passed out diapers with photos of F2F children ([Exhibit D](#)) as a reminder of the lives this program impacts.

The F2F program is a social gold mine for these communities. Earlier this week, I began coordinating the efforts of parents so we could try to save F2F. The Northern Nevada F2F Parent Coalition was born out of our efforts. I could have filled this room four times over today. From current clients, to past clients, to grandparents, neighbors and concerned citizens, my phone is ringing off the hook with people who support this program.

I am a single, working mother with three children. My nine-month-old has been exclusively breast-fed and he knows two signs to tell me when he is hungry and when he wants more. The baby calming techniques I learned at F2F have created a calm and peaceful household for my family. I have not done this

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alone, I have done this with the support F2F, other mothers, and the professionals the program has put me in touch with. I attribute my success to them. My child has reaped the benefits of F2F. This would be a loss to our community that you cannot even imagine. There are studies from here and Las Vegas that tell us how important these first crucial years are to children. I can speak for myself and the parents in this room, we support a balanced budget. We support whatever it takes to get this program to continue. These services are not anywhere else. If you call a day-care center, you can get these services, but only if you have an extra \$600 to \$900 a month.

CHAIR LESLIE:

Can everyone in Carson City who came to support F2F stand up? Please note that half of those in the room stood up.

YVONNE SALAS:

When I went to F2F for the first time, my daughter was just under two years old. I did not know anyone in Carson City and I was very lonely. The F2F program brought me out of my depression. It would be awful if this program was gone, because they help families and children so much. My daughter was diagnosed with hypophosphatemic rickets when she was two years old and must wear leg braces. The toddler time at F2F is a safe place for her to go and play with other children her age. Please do not take F2F out of the budget. It is important for all of us.

NIKKI ERNST:

I am a mother of two and I work for Lyon County. I have worked with children professionally for over ten years, in one facet or another. When my oldest daughter was born, she was two-and-a-half weeks premature and labeled "failure to thrive." Overwhelmed and full of questions, a friend suggested that I connect with F2F. I did not think we would qualify because we make too much money. Much to my delight, I was told that F2F was a program that helps all Nevada families, regardless of financial eligibility. The F2F program became my second family over many months. It was F2F that taught me how to deal with colic by teaching me swaddling techniques and infant massage. It was F2F who put my mind at ease regarding my daughter's development by providing routine developmental assessments at no cost to my family. When I found out that I would have my second child, it was F2F that helped us prepare for our new

addition. When questions arose about breast-feeding, preparing homemade baby food and infant sign language, F2F had the answers. The F2F model is helping good people become better parents. My child, who was once labeled "failure to thrive" now reads and can count to ten. It saddens me to know that other parents will not have these opportunities and this type of assistance if this program is cut.

ASSEMBLYWOMAN SMITH:
How did you find out about F2F?

MS. SALAS:
I was in the supermarket and met another woman with children the same age as mine. She attended toddler time with her children and told me about the program. I immediately followed her to F2F.

MS. ERNST:
I was working on my degree in child development and a friend in my class told me about F2F and the Ron Wood Family Resource Center.

ASSEMBLYWOMAN SMITH:
Was it by word of mouth?

MS. ERNST:
Yes.

MS. WHITE:
I have worked in the social services field for over eight years and I learned about F2F through work. When I needed it for my family, I was able to access it.

SENATOR CEGAVSKE:
Can someone explain to me the difference between the services Parents Encouraging Parents (PEP) provides and what F2F does? It sounds like there are a lot of similarities, and that we might not be aware of all the programs that are out there.

MS. WEISER:

Nevada PEP is primarily an advocacy program that works with families who need assistance with their children who have developmental disabilities. They help families to work within the system to get the best services for their children. The F2F program is very specific to children from birth to 48 months, teaching parenting skills, helping families understand how important it is to be nurturing and good parents, which as you know, has a lifelong impact. For children with developmental disabilities, there has been an incredible partnership with F2F and Nevada's Early Intervention Services. Early Intervention holds classes at the F2F programs that provide natural environments where children are interacting with other children of the same age.

SENATOR CEGAVSKE:

Please provide a list of the different community programs, state programs and other services that are available. There are other programs that we have not discussed, along with federal and grant programs. I would like to see a list of all the programs that are out there for kids with special needs.

MS. WEISER:

Would you like to see a list of programs just for children with special needs or would you like it broader?

SENATOR CEGAVSKE:

We need to be aware of all the programs that are out there for children, regardless of ability. Does F2F help with computer skills and Internet research? Many of the answers to these parenting questions can be found online.

CHAIR LESLIE:

We need to emphasize that F2F is intended to help all families. As one of our testifiers said, it is intended to help make good people better parents. All of us need help to be better parents. It was never the design of F2F to be focused solely on children with developmental disabilities or kids with special needs. The focus was exactly the opposite. It is designed to be focused on all children.

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MS. WEISER:

While that is correct, we also know that identifying developmental disabilities early is very important and it has been integrated into all our F2F programs. The earlier we catch problems, the better off the children will be.

CHAIR LESLIE:

Please provide the Subcommittee a framework to identify all the programs that are out there.

MS. WEISER:

We will make an attempt. When we started to put information together, we looked at the different programs available, and what their differences and similarities are. We will expand on that.

CHAIR LESLIE:

We will return to B/A 101-3195 and the redirection of the tobacco funds.

MR. TORVINEN:

Decision unit E-690 can be found on page 11 of [Exhibit C](#).

E-690 Budget Reductions — Page DHHS DIRECTOR-23

MR. TORVINEN:

Decision unit E-690 reallocates tobacco money from the Trust Fund for Public Health and the smoking cessation programs to five different programs. On page 56, there is a better characterization of this reallocation showing where it comes from and where it goes. We have proposed to reallocate the money to the FRC, DR, traumatic brain injury, autism programs and the Family Preservation Program under the Division of Mental Health and Developmental Services. Associated with this is a BDR that will eliminate the percentage allocations in NRS and allow the Director of DHHS to allocate the funding where we see the most need.

BDR 32-291: Makes various changes relating to the Tobacco Master Settlement Agreement. (Later introduced as Senate Bill (S.B.) 79.)

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CHAIR LESLIE:

When we say reallocating, we do not want to give the impression that the FRC will be getting more money. What we are doing is freeing up the General Fund by replacing it with tobacco money. Is your intention to permanently eliminate the tobacco cessation grants? Is that part of the BDR?

MR. TORVINEN:

That is the intention. Those programs were eliminated during the 26th Special Session to sweep some of those funds into the General Fund. There are federal programs and the Centers for Disease Control and Prevention is funding a lot of that activity. So we thought that the money could be better spent elsewhere.

CHAIR LESLIE:

But that removes the nexus between tobacco settlement money and tobacco cessation.

MR. TORVINEN:

You are correct.

CHAIR LESLIE:

There is no more support for smoking cessation which was inevitable given the budget crisis, but sad nonetheless. The sustainability of this funding is questionable and it does not seem like good fiscal policy. Let us move on to the travel and training expenditures in decision unit E-325.

E-325 Deliver Public Services Directly and Efficiently — Page DHHS
DIRECTOR-19

MR. TORVINEN:

Decision unit E-325 is similar to the previous budget item we spoke about. In this unit there are some grant-related activities and conferences that our staff is required to attend. Those conferences are fund mapped to those funding sources. About 20 percent of that decision unit is General Fund, but where it is grant related, it is grant funded.

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CHAIR LESLIE:

Can you provide that information to our staff so we can look at it during our Work Session?

MR. TORVINEN:

Yes, we can. The other issues in this budget account are listed in [Exhibit C](#), but they are more technical than programmatic.

SENATOR CEGAVSKE:

I am looking at page 50 of [Exhibit C](#) and I am confused by the titling of the graph. What do the terms "Pitcher" and "Catcher" mean?

MR. TORVINEN:

That is the Title XX of the Social Security Act reconciliation. Director Willden developed that term. It is just a quick way for us to say to make sure that accounts are in balance. We check to make sure that the "Catcher" is out there for the "Pitcher".

CHAIR LESLIE:

We will now move onto B/A 101-3200, Problem Gambling.

HHS-DO – Problem Gambling — Budget Page DHHS DIRECTOR-26 (Volume II)
Budget Account 101-3200

MR. TORVINEN:

This budget account receives the slot machine tax revenues established to provide prevention and treatment services for problem gambling. We originally recommended complete elimination of this funding stream and it would have been transferred to the General Fund. The Governor's Office requested that we restore funding for treatment programs which accounts for roughly half of the funding stream. The original funding of \$2 per slot machine has been reallocated and is now \$1 per slot machine for this budget and the other \$1 to the General Fund. We have restored funding for treatment programs and a half-time position to manage those programs.

CHAIR LESLIE:

Why did treatment hours decline from your projections in 2010?

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LAURIE OLSON (Chief, Grants Management Unit, Director's Office, Department of Health and Human Services):

Our treatment hours have declined because our funding has also declined.

CHAIR LESLIE:

Are your projections accurate for 2011, or will you be revising your projections because some of the funding will be coming back?

MS. OLSON:

We will not revise our 2011 projections. We have projected that there will be 307 clients and we have grants in place. The numbers you see are the numbers for the money we know is coming in. For FY 2011-2012 and FY 2012-2013, if treatment stays in the budget, we will need to increase those projections because the grantees will be getting more money. Our projections will increase proportionately in the coming biennium, but they will not change for our current fiscal year.

CHAIR LESLIE:

Did we eliminate a performance indicator on treatment?

MS. OLSON:

Yes. We did eliminate a performance indicator on treatment.

CHAIR LESLIE:

Will you bring it back?

MS. OLSON:

We have to bring it back. The performance indicator no longer applied to what we were doing. We were trying to increase the number of treatment hours, but, with declining funding, we could not do that.

CHAIR LESLIE:

Will you be submitting more accurate performance measures?

MS. OLSON:

We already have.

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CHAIR LESLIE:

Do you have any data on the effectiveness of this program?

MS. OLSON:

If you refer to page 52 of [Exhibit C](#), you will see some of the outputs of the program such as the number of people served. In FY 2008-2009, we had great success with graduation, meeting 155 percent of projections. They had projected that 260 people would graduate, but in fact 402 people graduated from the program. We had success in FY 2009-2010 as well, meeting 92 percent of the program goal. So far this year, we are already at 66 percent of our goal for the number of people that will be served and we are already at 75 percent of our goal for graduation. What is important, however, is not outputs but outcomes. We have a grant with the International Gaming Institute at the University of Nevada, Las Vegas (UNLV), which does much of our in-depth research. More importantly, they follow up with clients at three-, six- and twelve-month intervals to ask about the effectiveness of treatment and how the patients are doing. Our most recent report from October 2010 showed that more than 80% of respondents were very positive about access to services, treatment quality, helpfulness of service and treatment effectiveness. In addition, 80 percent of respondents who were contacted after 12 months or more of completing treatment said they were dealing more effectively with daily problems, were better able to deal with crisis, were getting along better with family and were doing better in school and work. Also 52 percent of respondents said they had not gambled since they completed treatment. Nationally, studies tell us that 100 percent abstinence is just not realistic, but the good news in Nevada is that those who are still gambling have spent less money, are gambling fewer days and are gambling fewer hours. Even our patients who are still gambling have seen improvement.

SENATOR CEGAVSKE:

When I look at the performance indicators on page 52 of [Exhibit C](#), I would rather see the actual numbers of people treated than just the percentages, as I think it is easier to understand. Can we please continue to show those numbers? Please provide us a list of your treatment providers in both the north and south.

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Ms. OLSON:

There are only six providers and I will get that to the Subcommittee in a written list.

CHAIR MASTROLUCA:

With the loss in funding, will there be other funds available for prevention of gambling in this State?

Ms. OLSON:

There are some other funds. There is a statute that requires the gaming industry to contribute to prevention efforts, so the Nevada Council on Problem Gambling has activities going on, but not as much since our funding was pulled.

CHAIR LESLIE:

With respect to the \$2 slot tax fee, we used to get \$2 and now we will only get \$1. Will the other \$1 be redirected to the General Fund?

MR. WILLDEN:

Yes.

CHAIR LESLIE:

Will this money be cut in half permanently?

Ms. OLSON:

That is correct. In the 26th Special Session, the money was swept. The Legislature needed the \$850,000 for other things. This time, the proposal is to permanently change the fee structure.

CHAIR LESLIE:

That is why it is so bad to make short term fixes. When we eliminate funding in the short term, people assume that programs can live without the money in the long term, which just is not true. This is simply a step backwards, as the number of problem gamblers has not been cut in half.

I know in Reno we refer people over to the agencies that do this and they do a tremendous job, tremendous job. I know that they find other funding and they don't refuse people even when

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their funding is gone. And I appreciate very much the work they do. So, thank you.

Let us move on to B/A 628-3244, the Indigent Supplemental Account.

HHS-DO – Indigent Supplemental Account — Budget Page DHHS DIRECTOR-39
(Volume II)
Budget Account 628-3244

MR. TORVINEN:

This is the account that takes the 1.5 cents ad valorem tax from the counties and an additional 1 cent ad valorem tax, also from the counties, in order to address indigent accidents, such as automobile accidents. This also serves as an indigent supplemental fund for hospitals. We are recommending the sweep of these funds to the General Fund. We need to leave just enough money in the account to allow the Nevada Association of Counties (NACO) to administer the fund, but the rest of it will be swept. On page 54, there is a summary FY 2007-2008, FY 2008-2009, and FY 2009-2010, showing where the money is coming from, which counties are contributing, how much in taxes and where the money went. You can see in FY 2007-2008, hospitals were paid about \$25 million from this fund. In FY 2008-2009, we swept about \$25 million, but we were able to pay the hospitals about \$3.7 million, and in FY 2009-2010 we swept over \$25 million again, and only about \$1 million went to the hospitals.

CHAIR LESLIE:

What do you anticipate the impact will be in FY 2010-2011 and FY 2011-2012? Will there be any money left to help the counties?

MR. TORVINEN:

We did not anticipate any money being in the account in FY 2008-2009 or in FY 2009-2010. It just depends on how the taxes come in over the next biennium.

ASSEMBLYMAN GOICOECHEA:

During the budget overview, I requested a number showing how much over the last three years that the Indigent Accident Fund (IAF) has written off. I do not

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see that number in the handout, but we assumed it would be between \$100 million and \$200 million.

MR. TORVINEN:

In the last two years, IAF has written off about \$50 million. We will get back to you on that.

MR. WILLDEN:

We have the request and we will get that to you. We will calculate how much money has been submitted for consideration for payment that was not paid.

CHAIR LESLIE:

What about the transfer of the Health Insurance Flexibility and Accountability Waiver? Is the program anticipated to continue through November 30, 2011?

MR. TORVINEN:

Yes, that is correct. We recognize the problem in [Exhibit C](#) and will make the appropriate changes.

CHAIR LESLIE:

Going back to the NACO contract, you show continued funding at \$60,000 per year, although it used to be \$100,000. Are you anticipating a change in the scope of what you are requiring NACO to do for that money?

MR. TORVINEN:

We are not anticipating any change in the scope for NACO. The claims will still come in and will still need to be processed. We will then get a list of those claims and pay what we can.

CHAIR LESLIE:

Is the \$60,000 based on a negotiated number or is there any rationale behind it? Why is it \$60,000 and not \$50,000 or \$70,000?

MR. TORVINEN:

I believe that the IFC set it at \$60,000, so we are going with the Legislature's decision on that.

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ASSEMBLYWOMAN SMITH:

In the past, we have not had an accurate accounting of the way that money was being utilized. I understand that we have a better system at this time and I believe that we chose to spend \$60,000 for NACO to administer the fund. They were responsible for reporting back to us if that was not sufficient, based on tracking that was not done previously.

MR. TORVINEN:

Yes, that is the case. We requested that NACO track the hours worked and how much time was spent on the administration of the account.

CHAIR LESLIE:

Are you getting reports from NACO?

MR. TORVINEN:

We have not received any reports yet, but we will.

ROBERT HADFIELD (Nevada Association of Counties):

We have provided a White Paper for you ([Exhibit E](#)) on the history of the fund. This is an update from the White Paper provided during the 26th Special Session. I helped draft the legislation that created the IAF and I am intimately aware of it. I also administered the fund for 20 years and processed the claims during that time. In response to the question regarding the \$60,000, I believe \$60,000 for administering \$19.5 million is the most effective administration in the State of Nevada. I welcome any review and hope the State will follow our example for what they charge in collecting fees.

The IAF was established to pay for accidents occurring throughout the State that are the responsibilities of the counties. We created the fund and asked for a county tax rate to pay for the fund. The State decided it would be best to have a State fund, thus it would be a State levied tax rate. It is part of the counties' tax rates. We asked to create the Indigent Supplemental Fund in 1985 to take care of catastrophic illnesses and claims to hospitals. The fund last paid out any money to hospitals in 2008. We have paid out to 26 hospitals throughout the State. It is important to know this fund does not just pay out to public hospitals; private hospitals also pay these claims. We also pay out to some rehabilitation facilities. Since the IAF's inception, it has paid out \$111,826,000. The

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Supplemental Fund has paid out \$112,072,000. That is a total of \$223.9 million over the course of both funds.

This is not a small program. It is designed to pay the bills of doctors and hospitals that care for indigent people that the counties could not afford to pay for through their regular indigent budgets. This is why we levied a tax rate for it. Hospitals can speak for themselves with regard to the impact, but it is important to remember there is no such thing as uncompensated care. When counties do not pay the bill, the bill does not go away. You and I pay for it out of our own private health insurance. That was one of the major motivations as to why all 17 counties came together on this issue. We recognized that if the bills went unpaid, those costs would be passed onto the people who actually pay their own medical bills, our employees. This program is critical.

During the 26th Special Session, the Legislature reluctantly swept the funds, but I know they were fully aware of the potential impact. Our concern is now that it has been swept once, it will be swept again and very soon it will no longer exist. We cannot let these bills go unpaid. Hospitals and doctors will continue to see these cuts and State employees will continue to pay for it through their health insurance. The costs do not go away and we urge you to reconsider. Please keep the money in the fund.

BILL WELCH (President and CEO, Nevada Hospital Association):

In the next week or two when you review the Medicaid budget, we will be presenting the total impact of the reductions as the result of the IAF and Indigent Supplemental Fund sweep. This will include the Medicaid proposed cuts on top of the reductions we saw during the 26th Special Session. This will have a significant impact on our ability to sustain the services that patients require for hospital care in this State. We absolutely oppose this and ask you to reconsider. This is not a pass through, it is a direct hit to the bottom lines of hospitals throughout Nevada. If we include the 75th Session, the cumulative impact of the direct cuts bottom lines of our hospitals to ensure that these services was in excess of \$45 million. That will carry forward with this proposed budget reduction, as well as an additional \$25 million to \$35 million in cuts being proposed in the Medicaid budget. We will be looking at roughly \$60 million to \$65 million of annual reductions in compensation for services to the indigent and Medicaid populations of this State. We cannot sustain that and

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we cannot ensure that we will have the services to provide access to health care. When we reduce or eliminate those services, it is not just to that particular patient population, but it will be a service that is closed to all in need of that care.

SENATOR HORSFORD:

Based on the impact on the bottom line of your hospitals, would you consider this a tax on your members?

MR. WELCH:

We absolutely see this as a "sick tax." This has a real dollar impact on our industry. We are talking about payment for services that we are mandated to provide by law, and when we are not compensated, it directly takes away from our funding.

ALEX ORTIZ (University Medical Center, Clark County):

As you may know, Clark County owns and operates the University Medical Center (UMC) in Las Vegas. The UMC has been serving the health care needs of southern Nevadans since 1931. In fact, UMC is the first and only hospital in Nevada to achieve a Level I Trauma and Level II Pediatric Trauma Center designation by the State. In 2009, the Trauma Center cared for over 12,000 patients and had over 2,000 admissions. The Trauma Center's service area consists of 1,500 square miles including southern Nevada, parts of California, Utah and Arizona. The UMC also houses the State's only burn care facility and operates a comprehensive free-standing unit devoted solely to physical medicine and rehabilitation.

If the redirection, or sweeping, of the IAF and Indigent Supplemental Fund continues, UMC may be required to either cut vital services like the Trauma Center or worse, close its doors. This action would have major implications for the community it serves. The UMC is a key component of the health care system in Clark County.

In FY 2007-2008, IAF payments made on behalf of indigent accident claims in Clark County were approximately \$7.3 million, of which UMC received approximately \$6.9 million. Supplemental Fund payments in the same year to

pay claims for care to indigent persons in Clark County were approximately \$13.5 million, of which UMC received approximately \$7 million.

As stated in [Exhibit E](#), UMC has already eliminated numerous services. This is due in part to the continued losses from uncompensated care to persons unable to pay for the care they receive.

One trend that UMC eligibility staff has been experiencing is an increase in the number of patients who are receiving unemployment benefits and extended unemployment benefits. These patients do not qualify for Medicaid or the Clark County Social Service Indigent Health Care Program because the small amount they receive is still too much in order to qualify. These patients do not have funds to pay their hospital bills. By extending unemployment benefits, the patient is helped financially, but not enough to pay for medical care. In addition, UMC has seen a 10 percent increase in the number of emergency room patients, while the in-patient census is generally reduced.

In August 2010, our Board of County Commissioners approved a contract with a consulting company to study the hospital's viability in the community and the possibility of transitioning UMC to a teaching hospital. The results of this study were presented to UMC's Board of Trustees last week. The consultant concluded that "if uninterrupted, negative trends in volume, net revenue, and unsustainable expenses will lead to increased annual operating deficits of over \$10 million per year to an operating deficit in excess of \$100 million by FY 2013-2014." In addition, limited funding "is available from Clark County to support the operating deficit and capital reimbursement of UMC." If major changes are not made, "UMC will be forced to significantly reduce clinical scope or close within 3 years."

The UMC is in dire straits and any additional constraints will only exacerbate this situation.

CHAIR LESLIE:

Let us move on to B/A 262-3261, the Healthy Nevada Fund.

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Budget Account 262-3261

MR. TORVINEN:

On pages 57-59 of [Exhibit C](#), you can see the reconciliations and projections for the Healthy Nevada Fund. This chart shows the projections of the tobacco revenue coming in and the percentages that are currently in statute. The budget is fairly simple. It is created to receive money from the Treasurer's Office for what we have been budgeted to spend in those silos. Bill Draft Request 32-291 has been introduced to eliminate those silos and allow us to create a plan to better use the money. On page 57, the yellow lines demonstrate all the money that has been swept out of the account over the years. The intention is to prevent the buildup of a substantial amount of funds and instead to be able to use it. The BDR will allow us to plan a bit differently and put money where it is needed most so we can better utilize it when it comes in.

CHAIR LESLIE:

Why are you eliminating tobacco cessation programs? Did you just see it as less important?

MR. WILLDEN:

There are six or seven funding silos where tobacco funds are currently placed. On page 59 of [Exhibit C](#), you can see the different funding silos. For example, 30 percent of the Department's funds go to the senior Rx program and 15 percent had been earmarked for tobacco cessation. As you know, we have generally swept all the tobacco cessation money along with the Trust Fund for Public Health money. While the Department understands the link between tobacco funds and tobacco cessation programs, we need to fund the most basic, essential services. We realized that federal dollars flow to tobacco cessation through the Health Division. We had to make the decision to fund the most basic social services and prioritized grants for Senior Rx and Disability Rx, independent living, children and the disabled above tobacco cessation and the Trust Fund for Public Health dollars, which primarily go toward research.

On page 59 of [Exhibit C](#), we show a reduction in our tobacco use grants in the fourth row over at the very bottom for FY 2012-2013 of approximately \$2.6 million. It is in that fiscal year that we could restart the program along with the Trust Fund for Public Health. If we were to restart those efforts after we

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sweep those silos, we would have about \$6.4 million to fund those programs. We prioritized the funding of other programs through the tobacco funds. We plan to use the \$6.4 million to put Nevadans back to work. About \$2.6 million of the \$6.4 million comes from tobacco cessation programs and another approximately \$3.8 million comes from the Trust Fund for Public Health. We identified five budget accounts where we can use that tobacco money in place of General Fund dollars. Those accounts are FRC, DR, traumatic brain injury and autism programs and the Family Preservation program. We have allocated those General Fund dollars, which were replaced by the tobacco dollars, into the Silver State Works efforts.

CHAIR LESLIE:
I understand.

MR. WILLDEN:
It is really important to understand that when it comes to the tobacco funds, we have passed the days of specific silo funding. So many things are changing with pharmacy and health care reform. In the last few years, we have put money into the silos, but we cannot spend it, so the reserve grows and then we sweep it.

CHAIR LESLIE:
I am looking forward to the BDR and some new ideas. What are you considering, conceptually?

MR. WILLDEN:
Conceptually, we would leave the language vague. Fifty percent of the tobacco settlement fund currently comes into the Fund for a Healthy Nevada and 10 percent goes into the Trust Fund for Public Health. We would include in the language wording that would allow the Director to create an annual plan for the Department and the spending of those funds. We are open to whatever process you think appropriate to determine what types of services should be funded and what the prioritization of those funds should be. We have already outlined some prioritization in NRS, such as pharmacy services, children's health and disability health. We can go through that prioritization process once again and create an annual plan for the spending. We can provide specific language in the BDR that will account for some of the issues we have discussed today, such as F2F. There is about \$86,000 in tobacco funds that have yet to be allocated for

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FY 2011-2012. You can see them in the fourth column on page 59 of [Exhibit C](#) under "Cash Available." We could use that funding for some of the small shortfalls we have identified.

CHAIR LESLIE:
Will you get rid of the trust fund?

MR. WILLDEN:
Yes, that is our intent.

CHAIR LESLIE:
Are you in communication with the Attorney General (AG) about where we are regarding the Master Settlement Agreement (MSA)?

MR. WILLDEN:
I have not been in touch with the AG regarding the tobacco MSA. I communicate mostly with our fiscal staff and the Treasurer's Office regarding our revenue projections for FY 2010-2011, FY 2011-2012 and FY 2012-2013.

CHAIR LESLIE:
Are you aware of the dispute regarding the nonparticipating manufacturers?

MR. WILLDEN:
Yes, but I do not know the specifics about that. We might get more money, or less money, or it might even just stay the same.

CHAIR LESLIE:
Please check with the AG on that. I want to explore that option and use whatever information they may have to factor into our decision-making process.

MR. WILLDEN:
It would be wonderful if there is additional money from the non-participating manufacturers.

CHAIR LESLIE:
Please look into that for us. We will now move on to B/A 101-1499, the Office of the State Public Defender.

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HHS-DO – Public Defender — Budget Page DHHS DIRECTOR-43 (Volume II)
Budget Account 101-1499

MR. TORVINEN:

This budget account is funded through shared funding from both the counties and the General Fund. We established the funding percentage based on the amount of time the attorneys spend on each type of case. In this biennium, the funding is 22 percent from the General Fund and 78 percent from the counties. There are several small decision units in this account to restore some of the training and travel for the attorneys and investigators. The balance of the budget is for some equipment.

DIANE R. CROW, J.D. (State Public Defender, Office of the State Public Defender):

The Seventh Judicial District has a bid pending, which I have critiqued for the judges. Carson City is considering opting out of the program.

CHAIR LESLIE:

Was it because of anything I said?

MS. CROW:

No, this has been in the works for several months. The district court judges, however, have been kept out of the loop. Pershing County would like to rejoin the program.

CHAIR LESLIE:

Please keep our staff informed of who joins and who drops out. Regarding training and travel, I know there is specific training that your lawyers must receive to be death-penalty qualified. Are you going to be able to provide us with a list of specific training and why it is absolutely necessary?

MS. CROW:

Training for the death penalty is required every two years. We went to that training in 2009, and we are up for training again in 2011-2012. I also have other attorneys who need to get this training as well.

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CHAIR LESLIE:

Please provide that in writing to our staff. Let us move on to B/A 101-2600, the Indian Affairs Commission.

HHS-DO – Indian Affairs Commission — Budget Page DHHS DIRECTOR-49
(Volume II)
Budget Account 101-2600

MR. TORVINEN:

Budget account 101-2600 is relatively small but we have some significant cuts related to that budget. In our attempt to meet our budget elimination guidelines and targets, we reduced all the travel, most of the operating expenses, and the stipends to the Commission. We also cut both positions to 0.84 FTE. There is very little in this budget. There is a large number for rent, but that is because of their location at the Stewart Indian School and the deed restrictions there.

CHAIR LESLIE:

I am very dismayed to see this budget. I do not know how we can reduce staff to 0.84 FTE, take away all the travel, eliminate the commissioners' stipends and expect them to still do their jobs.

SHERRY RUPERT (Executive Director, Nevada Indian Commission):

The Nevada Indian Commission is a very unique and small agency established in 1965. The Commission allows Nevada's tribal governments to have a direct line of communication to the Governor and establishes an agency that is familiar with, and educated by, tribal governments. The Commission works for the State government and with the tribal governments to make a systemic difference in the lives of American Indians in the State of Nevada. We are a two-person office providing service to 27 tribal governments; over 20,000 urban Indians; and various federal, State and local agencies; as well as individual constituents within Nevada. I currently sit on 16 committees, boards and task forces, both statewide and nationally. I work to ensure that the American Indian perspective is considered at the table. Because our Agency is so small, I do not have the luxury of sending a deputy or another administrator in my place. We can be more efficient and make a difference if we are given the tools to do so.

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CHAIR LESLIE:

Are the performance indicators that you submitted based on reductions or on your previous amount of funding?

MS. RUPERT:

The projected performance indicators for FY 2011-2012 and FY 2012-2013 have been reduced downward to reflect the reduction of time.

CHAIR LESLIE:

Yet you were able to exceed your performance projections in FY 2009-2010. How did you do that?

MS. RUPERT:

Our last performance indicators were based on me being 0.85 FTE in FY 2009-2010 and 0.83 in FY 2010-2011. We found some additional funding so that I could continue to be full time. Therefore, our projections allowed us to exceed where we thought we would be.

CHAIR LESLIE:

Where did we find the extra money?

MS. RUPERT:

In FY 2009-2010, we received some Casey Family funds because we were assisting DCFS. We received some funds from the Indian Health Services Commissioned Corps grant to the DHHS Office of Suicide Prevention, with whom we collaborate.

CHAIR LESLIE:

Is there any hope of additional funding? Cutting this budget was not something you set out to do. How can the Indian Commission do their job?

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MR. WILLDEN:

I will continue to help find funding, but it is a matter of meeting budget targets at this time. We need to be patient and go through the process. We do not need to find money to bring them to 100 percent. As we go through these budgets and you decide to make changes, we can certainly work on restoring funding. We are out of options as far as grants are concerned for this program. We have moved things around as much as we can, trying to fill holes in all of these budgets and trying to preserve basic, essential services.

CHAIR LESLIE:

I understand. The Legislature established this Commission and taking away their travel, their pay and their Executive Director defeats the point of even having the Commission to begin with if we are not going to fund it at the most basic level.

MR. WILLDEN:

I think the tribes need to be approached to help fund this program. There has not been tribal support for the Nevada Indian Commission.

CHAIR LESLIE:

Please talk about the federal grant to the State Office of Historic Preservation. Can you give us an update on that project?

MS. RUPERT:

Our offices are at the Stewart Indian School, which is a former Indian boarding school established in 1890 and closed in 1980. There is a provision in the deed that establishes that Building No. 1 and Building No. 3 will be set aside to house memorabilia for public access and to preserve the site history. We have been working on that project since we moved to Stewart in 2003. We have secured funding from the Commission for Cultural Affairs. We have received a building evaluation report. We have hired a museum specialist to direct us on what renovations are needed to make the building a museum. We will soon begin a small amount of construction, with funding we have already secured, which will

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include rehabilitating and replacing the windows. Many of the windows do not close, so we have birds and other animals in the building. The doors also need to be replaced. This is all in collaboration with the State Public Works Board and the Office of State Historic Preservation.

CHAIR LESLIE:

Does that grant end in March?

MS. RUPERT:

We have an extension until May 31 to utilize the funds. After that, we have received an additional award of \$100,000, but we will probably not receive that money because they are not going to sell the bonds to fund that grant.

LINDA MASSENA-NOEL (Counselor, Family to Family):

I have been working with F2F for three years. This is a great program for both children and parents. This program helps families interact with each other and helps children with motor skills, reading skills and kindergarten transition. The F2F program also helps children with social skills, interaction with others and other basic skills. As a counselor, I see the huge impact F2F makes in our community and in the families that participate. The children who come from F2F perform at a higher rate than their non-F2F peers. It is a wonderful program and we need this program in our community.

CHAIR MASTROLUCA:

Although we have not been able to hear testimony from everyone today, we have received written testimony from Anna Gloeckner ([Exhibit F](#)) and Daniele Dreitzer ([Exhibit G](#)).

BRIANNA RUKAVINA (Clayre Foundation):

I am a mother who has taken many classes at F2F. My daughter drowned in a pool accident in 2008. After her death, I founded the Clayre Foundation. We raise money to pay for pool fences for families who cannot afford them. The F2F program has a pool safety class which is critical in Las Vegas. There are about ten children who die every year from pool-related deaths. The F2F program helps save lives. Our partnership with F2F is absolutely necessary. The

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Safe Kids class provides more than just pool safety, they also do car seat safety checks. Up to 99 percent of cars have incorrectly installed car seats. The F2F program helps families correct these problems and saves the lives of children.

CHAIR LESLIE:

As we have no more business before this Committee, we are adjourned at 10:56 a.m.

RESPECTFULLY SUBMITTED:

Marian Williams,
Committee Secretary

APPROVED BY:

Senator Sheila Leslie, Chair

DATE: _____

Assemblywoman April Mastroluca, Chair

DATE: _____

EXHIBITS

**Committee Name: Senate Committee on Finance/Assembly
Committee on Ways and Means Joint SubCommittee on Human
Services / CIPS**

Date: February 11, 2011

Time of Meeting: 8:07 a.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Michael Torvinen	DHHS Budget Presentation
	D	Tracy White	Diapers with text and pictures
	E	Robert Hatfield	White Paper Discussion
	F	Anna Gloeckner	Testimony regarding F2F
	G	Daniele Dreitzer	Testimony regarding F2F